

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43612

490
3

REG. DIST. NO. 156 DELAYED PRIMARY REG. DIST. NO. 2001 Registrar's No. 545

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin (RURAL)		c. CITY (If outside corporate limits, write RURAL and give township) Cassville, Rural, Flat Creek (Twp)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi East on Hgh. 166		d. STREET ADDRESS (If rural, give location) Rural South of Cassville	
3. NAME OF DECEASED (Type or Print) Herschel		4. DATE OF DEATH (Month) (Day) (Year) February 12, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1914
9. AGE (In years last birthday) 35		10. MONTHS 8	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Purdy Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Elbert McPhail		13b. MOTHER'S MAIDEN NAME Nellie McIntosh	
14. NAME OF HUSBAND OR WIFE Ruby McPhail		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Don't Know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elbert McPhail Purdy, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture of skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 249	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 miles east of Joplin, Mo.	
21a. ACCIDENT SUICIDE - HOMICIDE - Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 miles east of Joplin, Mo.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin, Jasper, Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 2 - 12 - 30 11 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile collision, Joplin Dead on arrival at St. John's Hospital Joplin	
22. I hereby certify that I attended the deceased from <u>and was attend from</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11:00A</u> , 19 <u>50</u> , and that death occurred at <u>11:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. Bennett, M.D., Bennett-Wormington		23b. ADDRESS Joplin Nat'l Bank Bldg. Joplin, Mo.	
23c. DATE SIGNED 12-13-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Arnhart	
24d. LOCATION (City, town, or county) (State) East of Purdy, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennett-Wormington Monett, Mo.	
DATE REC'D BY LOCAL REG. 12-15-50		REGISTRAR'S SIGNATURE By [Signature] 1138	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Louis Wilson

EM
DEC 18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Charles E. Frey

Signed _____
Student Embalmer

Licensed Embalmer No. *4768*

P. O. Address *Joplin, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.